ELLSWORTH CARE CENTERS 403 NORTH MAPLE STREET

ELLSWORTH 54011 Ownership: Corporation Phone: (715) 273-5821 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled ys of Operation: 365 Highest Level License: Ski.
tal? No Operate in Conjunction with CBRF? No
(12/31/02): 71 Title 18 (Medicare) Certified? Yes
1/02): 75 Title 19 (Medicaid) Certified? Yes
59 Average Daily Census: 62 Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/02): 71 Total Licensed Bed Capacity (12/31/02): 75 Number of Residents on 12/31/02: ****************** Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care No | Mental Illness (Org./Psy) 33.9 | 65 - 74 15.3 | 45.8 | Yes| Mental Illness (Other) 3.4 | 75 - 84

Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 3.4 | Under 65 5.1 | More Than 4 Years Day Services kespite Care Adult Day Care Respite Care Yes| Mental Illness (Other) 3.4 | 75 - 84 Yes| Alcohol & Other Drug Abuse 0.0 | 85 - 94 30.5 | ******************* No | Para-, Quadra-, Hemiplegic 1.7 | 95 & Over 3.4 | Full-Time Equivalent Adult Day Health Care ---- | Nursing Staff per 100 Residents 1.7 | Congregate Meals No | Cancer 0.0 Yes| Fractures 100.0 | (12/31/02) Home Delivered Meals Yes| Cardiovascular Other Meals No | Cerebrovascular Transportation 5.1 | Sex % | LPNs No | Diabetes Referral Service 17.2 Yes | Respiratory 3.4 | ----- | Nursing Assistants, Other Services Other Medical Conditions 20.3 | Male 39.0 | Aides, & Orderlies 46.4 Provide Day Programming for ---- | Female 61.0 | Mentally Ill Provide Day Programming for Developmentally Disabled

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care		 							
Level of Care	No.	00	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	ò	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 1	2.3	128	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Skilled Care	2	100.0	356	30	68.2	109	0	0.0	0	9	69.2	131	0	0.0	0	0	0.0	0	41	69.5
Intermediate				11	25.0	90	0	0.0	0	4	30.8	120	0	0.0	0	0	0.0	0	15	25.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				2	4.5	163	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.4
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		44	100.0		0	0.0		13	100.0		0	0.0		0	0.0		59	100.0

ELLSWORTH CARE CENTERS

*******	*****	******	*****	*****	*****	*****	*****				
Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period											
					% Needing		Total				
Percent Admissions from:		Activities of	용		sistance of	2	Number of				
Private Home/No Home Health	16.5	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents				
Private Home/With Home Health	5.2	Bathing	1.7		74.6	23.7	59				
Other Nursing Homes	5.2	Dressing	11.9		72.9	15.3	59				
Acute Care Hospitals	68.0	Transferring	40.7		32.2	27.1	59				
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.4		49.2	25.4	59				
Rehabilitation Hospitals	5.2				28.8	8.5	59				
Other Locations	0.0	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	*****	******				
Total Number of Admissions	97	Continence		용	Special Treat	ments	8				
Percent Discharges To:		Indwelling Or Extern	al Catheter	1.7	Receiving F	Respiratory Care	3.4				
Private Home/No Home Health	23.2	Occ/Freq. Incontinen	t of Bladder	52.5	Receiving I	racheostomy Care	0.0				
Private Home/With Home Health	8.1	Occ/Freq. Incontinen	t of Bowel	35.6	Receiving S	Suctioning	0.0				
Other Nursing Homes	6.1				Receiving C	stomy Care	1.7				
Acute Care Hospitals	34.3	Mobility			Receiving I	ube Feeding	1.7				
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	10.2	Receiving M	Mechanically Altered Diets	5.1				
Rehabilitation Hospitals	2.0										
Other Locations	0.0	Skin Care			Other Residen	t Characteristics					
Deaths	26.3	With Pressure Sores		5.1	Have Advanc	e Directives	62.7				
Total Number of Discharges		With Rashes		1.7	Medications						
(Including Deaths)	99				Receiving F	Psychoactive Drugs	59.3				

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownership:			Size:	Licensure:				
	This	Proj	prietary	50	-99	Skilled		All		
	Facility	ty Peer Group		Peer Group		Peer Group		Facilities		
	ଚ	%	Ratio	ଚ	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	82.7	84.7	0.98	87.1	0.95	85.3	0.97	85.1	0.97	
Current Residents from In-County	88.1	81.6	1.08	81.5	1.08	81.5	1.08	76.6	1.15	
Admissions from In-County, Still Residing	20.6	17.8	1.16	20.0	1.03	20.4	1.01	20.3	1.02	
Admissions/Average Daily Census	156.5	184.4	0.85	152.3	1.03	146.1	1.07	133.4	1.17	
Discharges/Average Daily Census	159.7	183.9	0.87	153.5	1.04	147.5	1.08	135.3	1.18	
Discharges To Private Residence/Average Daily Census	50.0	84.7	0.59	67.5	0.74	63.3	0.79	56.6	0.88	
Residents Receiving Skilled Care	71.2	93.2	0.76	93.1	0.76	92.4	0.77	86.3	0.83	
Residents Aged 65 and Older	94.9	92.7	1.02	95.1	1.00	92.0	1.03	87.7	1.08	
Title 19 (Medicaid) Funded Residents	74.6	62.8	1.19	58.7	1.27	63.6	1.17	67.5	1.11	
Private Pay Funded Residents	22.0	21.6	1.02	30.0	0.73	24.0	0.92	21.0	1.05	
Developmentally Disabled Residents	3.4	0.8	4.25	0.9	3.69	1.2	2.87	7.1	0.48	
Mentally Ill Residents	37.3	29.3	1.27	33.0	1.13	36.2	1.03	33.3	1.12	
General Medical Service Residents	20.3	24.7	0.82	23.2	0.88	22.5	0.90	20.5	0.99	
Impaired ADL (Mean)	46.4	48.5	0.96	47.7	0.97	49.3	0.94	49.3	0.94	
Psychological Problems	59.3	52.3	1.13	54.9	1.08	54.7	1.08	54.0	1.10	
Nursing Care Required (Mean)	2.3	6.8	0.34	6.2	0.37	6.7	0.35	7.2	0.32	